# Health Home Data Submission File Layout - CMHC

1. Health Home Number bytes 1-4
2. Designated Provider Number bytes 5-11
3. Billing NPI bytes12-21
4. Servicing NPI bytes 22-31
5. Taxonomy bytes 32-40
6. Recipient Number bytes 41-49
7. Collection Start Date bytes 50-58
    a. mmddyyyy
8. Collection End Date byte 59-66
    a. mmddyyyy
9. Depression Screening byte 67
    a. Y = Yes
    b. N = No
10. Substance Abuse Screening byte 68
    a. Y = Yes
    b. N = No
11. New Episode of Alcohol and other Drug Use byte 69
    a. Y = Yes
    b. N = No
12. Initiation of Alcohol and other Drug Dependence Treatment byte 70
    a. Y = Yes
    b. N = No
13. Engagement of Alcohol and other Drug Dependence Treatment byte 71
    a. Y = Yes
    b. N = No
14. Has Asthma? byte 72
    a. Y = Yes
    b. N = No
15. Asthma remained on a controller 50% of the treatment period? byte 73
    a. Y = Yes
    b. N = No
16. Asthma remained on a controller 75% of the treatment period? byte 74
    a. Y = Yes
    b. N = No
17. Has Diabetes? byte 75
    a. Y = Yes
    b. N = No
18. Hba1c value byte 76-77 Use a two digit number without the decimal from percentage ie. 8.0 should be 80
19. Hba1c date byte 78-85
    a. mmddyyyy
20. Diabetes Blood Pressure Systolic value bytes 86-88 (use leading zero if not 3 digits)
21. Diabetes Blood Pressure Diastolic value bytes 89-91 (use leading zero if not 3 digits

22. Blood pressure date byte 92-99
    a. mmddyyyy
23. Has vascular disease byte 100
    a. Y = Yes
    b. N = No
24. LDL-C Level value byte 101-103 (use a leading zero if not 3 digits)
25. BMI byte 104-106 (use a 3 digit number without the period i.e 25.8 should be submitted as 258).
26. BMP value bytes 107-109 (use a 3 digit number without the period i.e 85.2 should be submitted as 852).
27. Mammogram byte 110
    a. Y = Yes
    b. N = No
28. Screening for Colorectal Cancer byte 111
    a. Y = Yes
    b. N = No
29. Has Chronic Pain byte 112
    a. Y = Yes
    b. N = No
30. Documentation of Pain Assessment byte 113
    a. Y = Yes
    b. N = No
31. Documentation of Follow-up Plan byte 114
    a. Y = Yes
    b. N = No
32. Has Hypertension byte 115
    a. Y = Yes
    b. N = No
33. Blood Pressure Systolic value bytes 116-118 (use leading zero if not 3 digits)
34. Blood Pressure Diastolic value bytes 119-121 (use leading zero if not 3 digits
35. Blood pressure date byte 122-129
    a. mmddyyyy
36. Is current medication list in the EHR byte 130
    a. Y = Yes
    b. N = No
37. Reminder system in place byte 131
    a. Y = Yes
    b. N = No
38. Has Low Back Pain byte 132
    a. Y = Yes
    b. N = No
39. Imaging Study done within 28 days of diagnosis byte 133
    a. Y = Yes
    b. N = No

40. Referrals tracked byte 134
    a. Y = Yes
    b. N = No
41. Was Patient Referred? byte 135
    a. Y = Yes
    b. N = No
42. Was patient discharged from an inpatient facility to home or other site of care? byte 136
    a. Y = Yes
    b. N = No
43. Was transition record transmitted to the facility or primary physician within 24 hours? byte 137
    a. Y = Yes
    b. N = No
44. Was the individual hospitalized for a Mental Illness? byte 138
    a. Y = Yes
    b. N = No
45. Did the recipient have an outpatient visit, an intensive inpatient encounter or partial hospitalization with a mental health provider within 7 days of discharge? Byte 139
    a. Y = Yes
    b. N = No
46. Was recipient provided educational resources on self management? Byte 140
    a. Y = Yes
    b. N = No
47. Was recipient/family counseled to adopt health behaviors associated with disease risk? Byte 141
    a. Y = Yes
    b. N = No
48. Was the recipients medication, laboratory and radiology orders recorded using CPOE? Byte 142
    a. Y = Yes
    b. N = No
49. Did the recipient have a visit during the reporting period? Byte 143
    a. Y = Yes
    b. N = No
50. Total number of active HH participants? Byte 144-146 (use leading zero if not 3 digits.
51. How many appointments did the recipient miss during the reporting period? Byte 147-148 (Use leading zero if 1-9)
52. Was this recipient referred for additional support services? Byte 149
    a. Y = Yes
    b. N = No
53. Was self-management abilities documented for this recipient? Byte 150
    a. Y = Yes

     b. N = No

54. Were Self-Management tools provided to this recipient? Byte 151
     a. Y = Yes
     b. N = No

55. Can your health home exchange key clinical information electronically? Byte 152
     a. Y = Yes
     b. N = No

56. Has this individual been referred to a specialist or another provider? Byte 153
     a. Y = Yes
     b. N = No

57. Was a summary of care provided electronically to those providers the recipient where the recipient was referred? Byte 154
     a. Y = Yes
     b. N = No

58. BYTES 155-158 leave blank

59. Has SMI Byte 159
     a. Y = Yes
     b. N = No

60. Recipient filled prescription 85% of the time. Byte 160
     a. Y = Yes
     b. N = No

61. Screening for Co-occuring mental illness and substance abuse disorders within 30 days of initial intake. Byte 161
     a. Y = Yes
     b. N = No

62. Response to the question from the adult service outcome tool 6i "I like the services I received here. Byte 162
     a. 1 = Strongly Disagree
     b. 2 = Disagree
     c. 3 = Undecided
     d. 4 = Agree
     e. 5 = Strongly Agree
     f. 6 = NA
     g. 7 = Refused

63. Response to the question from the adult service outcome tool 6j "If I had other choices, I would still get services here". Byte 163
     a. 1 = Strongly Disagree
     b. 2 = Disagree
     c. 3 = Undecided
     d. 4 = Agree
     e. 5 = Strongly Agree
     f. 6 = NA
     g. 7 = Refused

64. Response to the question from the adult service outcome tool 6k "I would recommend the agency to a friend or a family member". Byte 165
    a. 1 = Strongly Disagree
    b. 2 = Disagree
    c. 3 = Undecided
    d. 4 = Agree
    e. 5 = Strongly Agree
    f. 6 = NA
    g. 7 = Refused
65. Response to the question from the adult service outcome tool 6m "I was able to get all the services I thought I needed". Byte 166
    a. 1 = Strongly Disagree
    b. 2 = Disagree
    c. 3 = Undecided
    d. 4 = Agree
    e. 5 = Strongly Agree
    f. 6 = NA
    g. 7 = Refused
66. Response to the question from the adult service outcome tool 6n "I am better able to control my life". Byte 167
    a. 1 = Strongly Disagree
    b. 2 = Disagree
    c. 3 = Undecided
    d. 4 = Agree
    e. 5 = Strongly Agree
    f. 6 = NA
    g. 7 = Refused
67. Response to the question from the adult service outcome tool 6o "I am getting along better with my family". Byte 168
    a. 1 = Strongly Disagree
    b. 2 = Disagree
    c. 3 = Undecided
    d. 4 = Agree
    e. 5 = Strongly Agree
    f. 6 = NA
    g. 7 = Refused
68. Response to the question from the adult service outcome tool 6p "I do better in school and or work". Byte 169
    a. 1 = Strongly Disagree
    b. 2 = Disagree
    c. 3 = Undecided
    d. 4 = Agree
    e. 5 = Strongly Agree
    f. 6 = NA
    g. 7 = Refused

69. Response to the question from the adult service outcome tool 6q "My housing situation has improved". Byte 170
   a. 1 = Strongly Disagree
   b. 2 = Disagree
   c. 3 = Undecided
   d. 4 = Agree
   e. 5 = Strongly Agree
   f. 6 = NA
   g. 7 = Refused
70. Response to the question from the adult service outcome tool 6r "I can deal effectively with daily problems". Byte 171
   a. 1 = Strongly Disagree
   b. 2 = Disagree
   c. 3 = Undecided
   d. 4 = Agree
   e. 5 = Strongly Agree
   f. 6 = NA
   g. 7 = Refused
71. Response to the question from the adult service outcome tool 6l "Services were available that were good for me". Byte 172
   a. 1 = Strongly Disagree
   b. 2 = Disagree
   c. 3 = Undecided
   d. 4 = Agree
   e. 5 = Strongly Agree
   f. 6 = NA
   g. 7 = Refused
72. Response to the question from the adult service outcome tool 6m "I was able to get all the services I thought I needed" byte 173
   a. 1 = Strongly Disagree
   b. 2 = Disagree
   c. 3 = Undecided
   d. 4 = Agree
   e. 5 = Strongly Agree
   f. 6 = NA
   g. 7 = Refused